

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MODIFIED NUCLEOTIDE COMPOUNDS, the specification of which

(check one) ☒ is attached hereto.

☐ was filed on _____ as
Application Serial No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status—patented, pending, abandoned)
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(Application Serial No.)	(Filing Date)	(Status—patented, pending, abandoned)
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Serle I. Mosoff (Reg. No. 25,900),
Elaine P. Brenner (Reg. No. 29,517) and Charles J. Herron (Reg. No. 28,019)

Address all telephone calls to Elaine P. Brenner, Esq. at telephone no. (212) 337-3355

Address all correspondence to Elaine P. Brenner, Esq. Corporate Patent Counsel

Enzo Biochem, Inc.

345 Hudson Street

New York, New York 10014

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Christine L. Brakel

Inventor's signature Christine L. Brakel Date 11-27-89

Residence 530 Ackerson Boulevard Citizenship USA

Post Office Address (same as above)

Brightwaters, NY 11718

Full name of second joint inventor, if any James G. Wetmur

Second Inventor's signature James G. Wetmur Date 11/24/89

Residence 994 Post Road Citizenship USA

Post Office Address (same as above)

Scarsdale, NY 10583

40300

Full name of third joint inventor, if any Robin S. Quartin

Third inventor's signature [Signature] Date 11/21/89

Residence 80 Mayfield Rd. Citizenship USA

Post Office Address Same As Above

Bedminster, N.J. 07921

Full name of fourth joint inventor, if any _____

Fourth inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of fifth joint inventor, if any _____

Fifth inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of sixth joint inventor, if any _____

Sixth inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of seventh joint inventor, if any _____

Seventh inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of eighth joint inventor, if any _____

Eighth inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____